



**DEPARTMENT OF HUMAN SERVICES**  
**SENIOR & DISABLED SERVICES DIVISION**  
**500 Summer Street NE**  
**Salem, Oregon 97301-1075**  
**Phone: (503) 945-5811**

**AUTHORIZED BY:** \_\_\_\_\_  
**SDSD Unit Manager**

**INFORMATION MEMORANDUM**

**SDSD-IM-01-062**

**Date: July 16, 2001**

**TO:** SDSD District and Unit Managers  
Area Agency on Aging Directors

**SUBJECT:** 2001 Employment and Empowerment Awards

**INFORMATION:** Attached is the nomination packet for the annual Oregon Disabilities Commission (ODC) Employment Recognition Program. We are counting on you to help us distribute this packet to **case managers, employment initiative specialists, DSACs, and any other community partners** who would be interested in furthering the employment and empowerment of persons with disabilities. The five award categories provide a wonderful opportunity to acknowledge employers and individuals with disabilities who have made significant contributions in the past year. Award recipients will be honored in a ceremony at the Capitol in October.

Nominations are due in the ODC office August 20, 2001. Forms are also available on line at [www.odc.state.or.us](http://www.odc.state.or.us). Thank you for your participation.

**FOR ADDITIONAL COPIES CONTACT:**

Vivian L. Davis or Janine DeLaunay  
Oregon Disabilities Commission  
1257 Ferry St. SE, Salem, OR 97301-4278  
(503) 378-3142  
(800) 358-3117, V/TTY  
(503) 378-3599 fax

**CONTACT PERSON:** Mary Gail Jones, [mary.gail.jones@state.or.us](mailto:mary.gail.jones@state.or.us)  
Consumer Relations Unit

**CONTACT NUMBER:** 503-945-5813  
1-800-282-8096, V/TTY

**FAX NUMBER:** 503- 373-7823

State of Oregon  
Oregon Disabilities Commission  
presents

## **2001 Employment Recognition Program**

### **Nomination Package Awards List:**

Governor's Award  
Employer's Honor Roll  
Rehabilitation Provider of the Year  
Distinguished Service Award(s)  
Media Award(s)

#### **Sponsored by:**

Oregon Disabilities Commission  
Department of Human Services  
Oregon Council on Developmental Disabilities  
Oregon Commission for the Blind  
Employment Department  
Oregon Business Leaders Network  
Oregon Rehabilitation Association  
Access Technologies, Inc.  
Office on Disability and Health of  
Oregon Health Sciences University  
Coalition in Oregon for Parent Education  
Oregon Association of Area Agencies on Aging and Disability

The State of Oregon  
Oregon Disabilities Commission

## **Annual Employment and Empowerment Awards**

### **Purpose**

The State of Oregon, through the Oregon Disabilities Commission and its partners, annually recognizes employers and people in the state who have made outstanding achievements in improving employment opportunities for people with disabilities.

Recognition is also given to a person with disabilities and/or an organization for empowering leadership, for removing barriers to employment and/or improving access to services and programs.

### **Awards**

The Awards will be presented at the Annual Employment Recognition Ceremony held at the Capitol in October in celebration of National Disability Employment Awareness Month.

## **Nomination Procedures**

**If you need the nomination packet in an alternate format or require accommodation assistance, please contact Oregon Disabilities Commission at 1-800-358-3117 V/TTY or 503-378-3142. V/TTY.**

1. Nominations may be submitted by an individual, business, agency or organization.
2. Nominations must be typed on the official form. Use additional paper, and duplicate the form if necessary. Please use multiple forms if you are submitting multiple entries. Forms are available at [www.odc@state.or.us](http://www.odc@state.or.us)
3. Supportive materials and letters of support may be attached.
4. Nominations must be received in our office by **August 20, 2001** to be considered.
5. Nominations will be judged by a review committee appointed by the Oregon Disabilities Commission, Employment Committee. Interviews of nominees, nominators and other parties may be conducted.
6. Please submit or fax complete nomination packet to the following address:  
**NOTE:** Incomplete nomination packets will not be considered.

### **Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278

Phone: Voice/TTY  
1-800-358-3117 or 503-378-3142

Fax  
1-503-378-3599

We sincerely thank you for your interest and participation in our nomination process.

Please plan to join us in celebrating the award winners at this year's ceremony in October.

**(1)**  
**Nomination for the Governor's Award**

This is the highest honor given to an outstanding Oregonian with a disability. The Governor's Award is based on outstanding and significant achievements in the world of work and note worthy contributions that increase awareness of people with disabilities in the workforce.

Nominee's Name\_\_\_\_\_

Address\_\_\_\_\_ Day Phone # (\_\_\_\_)\_\_\_\_\_

City, State Zip\_\_\_\_\_

This Nomination is Submitted by:\_\_\_\_\_

Affiliation\_\_\_\_\_

Address\_\_\_\_\_ Day Phone # (\_\_\_\_)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

1. Describe the nominee's present and past involvement in areas affecting people with disabilities at the state or national levels. This involvement may include such areas as working with independent living centers, advocating for accessible housing or transportation, encouraging state and national legislation, and any other areas which can ultimately lead to employment or empowerment of people with disabilities.



**Nominee's Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or video taping.

Nominee Signature\_\_\_\_\_ Date\_\_\_\_\_

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature\_\_\_\_\_ Date\_\_\_\_\_

- The **deadline** for receiving entries in our office is **August 20, 2001**.
- Mail or fax (503)378-3599, the completed nomination package to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278

**(2)**  
**Nomination for**  
**Governor's Honor Roll for Employers of Person with**  
**Disabilities**

The Employer of the Year Awards bestows recognition on employers for outstanding achievements in improving employment opportunities for people with disabilities. Nominees must be a business whose mission does not directly relate to rehabilitation and persons with disabilities.

Nominee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

This nomination is submitted by: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. What is the primary mission for this nominee's organization/business?
  
  
  
  
  
  
  
  
  
  
2. Describe the hiring policies and philosophy that expand employment opportunities for people with disabilities.



3. What efforts have been made to accommodate employees with disabilities?  
Provide specific examples.

4. In what ways are the nominees' achievements outstanding?

5. Please provide the following information about this employer:

- A. Total number of employees\_\_\_\_\_
- B. Total number of employees with disabilities\_\_\_\_\_
- C. Number of new employees hired last year\_\_\_\_\_
- D. Number of employees with disabilities hired last year\_\_\_\_\_
- E. Numbers of workers with disabilities that received a promotion during the last 12 months\_\_\_\_\_
- F. Average length of employment for people with disabilities\_\_\_\_\_
- G. Number of employees with jobs beyond entry level positions.\_\_\_\_\_.

**Nominee's Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or video taping.

Nominee Signature\_\_\_\_\_ Date\_\_\_\_\_

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature\_\_\_\_\_ Date\_\_\_\_\_

- The **deadline** for receiving entries in our office is **August 20, 2001**.
- Mail or fax (503)378-3599, the completed nomination package to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278

**(3)**  
**Nomination for Rehabilitation  
Provider of the Year**

The Oregon Disabilities Commission wishes to recognize one community rehabilitation program for outstanding and innovative efforts that have contributed to the employment and/or empowerment of people with disabilities. Nominees are public or private organizations whose primary mission relates to improving the lives of persons with disabilities.

Nominee's Name\_\_\_\_\_

Address\_\_\_\_\_ Day Phone #(\_\_\_\_)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Type of Service\_\_\_\_\_

Number of Persons with Disabilities Served Daily\_\_\_\_\_

This Nomination is Submitted by\_\_\_\_\_

Affiliation\_\_\_\_\_

Address\_\_\_\_\_ Day Phone #(\_\_\_\_)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

1. Describe the setting in which persons are served (i.e., level of integration in the local community, variety in employment or living opportunities).
2. Describe the significant efforts undertaken by the nominee to employ or improve the lives of people with disabilities.
3. Describe any other significant accomplishments of this nominee.

**Nominee's Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or video taping.

Nominee Signature\_\_\_\_\_ Date\_\_\_\_\_

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature\_\_\_\_\_ Date\_\_\_\_\_

- The **deadline** for receiving entries in our office is **August 20, 2001**.
- Mail or fax (503)378-3599, the completed nomination package to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278

**(4)**  
**Nomination for Distinguished  
Service Awards**

The Oregon Disabilities Commission annually recognizes one or two individual recipients for Distinguished Service Awards. These awards recognize an individual or organization that have most significantly contributed to employing or empowering people with disabilities.

Nominee's Name\_\_\_\_\_

Address\_\_\_\_\_ Day Phone #(\_\_\_\_)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Affiliation\_\_\_\_\_

Address\_\_\_\_\_ Day Phone # (\_\_\_\_)\_\_\_\_\_

City, State, Zip\_\_\_\_\_

1. Describe significant efforts undertaken by this nominee to employ people with disabilities.





**Nominee's Statement:**

I agree to participate in local, state, or national publicity that may include newspaper articles, public service announcements or video taping.

Nominee Signature\_\_\_\_\_ Date\_\_\_\_\_

All answers and statements are true and complete to the best of my knowledge.

Nominator's Signature\_\_\_\_\_ Date\_\_\_\_\_

- The **deadline** for entries received in our office is **August 20, 2001**.
- Mail or fax (503)378-3599, the completed package to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278

## (5) **Nomination for Media Awards**

The Oregon Disabilities Commission recognizes one or more recipients for a media award. Awards may be made in categories such as Public Service Announcement, Public Affairs Features and Advertising.

The purpose of a media award is to recognize and honor excellence in media materials concerning the empowerment and employment of people with disabilities.

All entries must show positive representations of people with disabilities in situations or activities that reinforce empowerment, inclusion, and mainstreaming. Awards will not be given for education or training materials.

Nominations will be accepted from individuals, radio or television stations, newspaper, advertising or public relations agencies, corporations, governments and non-profit organizations.

Please note the following criteria for entry to be considered:

- a. All entries must have been produced and distributed for media use in the United States during the period of July 1, 2000 through June 30, 2001.
  - b. All audio materials must be accompanied by written scripts.
  - c. All video entries must be captioned and must be in VHS format.
  - d. All advertising entries must identify whether the model or actor cast as an individual with a disability has a disability.
  - e. All advertising entries must identify the business objective of the ad.
  - f. Supporting materials, including letters or articles, may not exceed 15 pages.
- All copies or reproductions of articles, must be on 8 ½ x 11 paper.
- g. Entries exceeding length limitations may be disqualified.
  - h. SORRY, BUT NO ENTRIES WILL BE RETURNED.

Please check one:

- ☐ Public Service Announcement (radio, television, print)  
☐ Public Affairs Feature (radio, or television shows, articles, series or special features)  
☐ Advertising (television or print)

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_ Day Phone # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

This Nomination is submitted by \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_ Day Phone # (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

1. Describe how this entry focuses on the empowerment and inclusion of individuals with disabilities.
  
  
  
  
  
  
  
  
  
  
2. Describe how this entry emphasizes their abilities of people with disabilities. Identify the factors that depict persons with disabilities with dignity and equality.
  
  
  
  
  
  
  
  
  
  
3. Describe how this entry focuses on employment issues.

**Nominee's Statement:**

I agree to participate in local, state or national publicity that may include newspaper articles, public service announcements or video taping.

Nominees Signature\_\_\_\_\_ Date\_\_\_\_\_

All answers and statements are true and complete to the best of my knowledge.

Nominee Signature\_\_\_\_\_ Date\_\_\_\_\_

- The **deadline** for entries received in our office is **August 20, 2001**.
- Mail or fax (503)378-3599, the completed package to:

**Oregon Disabilities Commission**

1257 Ferry Street, SE  
Salem, OR 97301-4278